

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Strengthening Our Lives Through Education, Community Action and Civic Participation, a Coalition of Labor Organizations.			Date of This Filing 11/03/2005 Report No. 10312005-2 <input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below) No. of Pages 2	Date Stamp Page 1 of 2	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (310)458-6777		I.D. NUMBER (if applicable) 1280704			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95841			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Redistricting, Initiative Constitutional Amendment			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2005	GOTV Walk Program- Salary, Taxes, Meals and Auto Allowance	\$19,615.00
10/31/2005	Mail Production- Printing, Postage and Mailing Service	\$35,625.00

Reason for Amendment:

Amend to correct part three with contributor name correction.

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CALIFORNIA
FORM 496

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Strengthening Our Lives Through Education, Community Action and Civic Participation, a Coalition of Labor Organizations.

I.D. NUMBER (If applicable)
1280704

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/24/2005	CA State Council of Service Employees Political Action Issue Acct. Sacramento, CA 95814 ID: 960895	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	If loan, enter interest rate, if any _____ %
10/25/2005	CA State Council of Service Employees Political Action Issue Acct. Sacramento, CA 95814 ID: 960895	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350,000.00	If loan, enter interest rate, if any _____ %
10/26/2005	CA State Council of Service Employees Political Action Issue Acct. Sacramento, CA 95814 ID: 960895	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772